



**CONTRACT AWARD SHEET**  
**Internal Services Department**  
**Procurement Management Services**

*Bid No. 7831-0/13*  
*Award Sheet*

**PROCUREMENT MANAGEMENT SERVICES DIVISION**

BID NO.: **7831-0/13**

PREVIOUS BID NO.: **NONE**

TITLE: **PURCH/MAINT PHYS FITNESS APPARATUS-PREQU**

CURRENT CONTRACT PERIOD: **06/20/2011** through **06/30/2018**

Total # of OTRs: **0**

**MODIFICATION HISTORY**

*Bid No. 7831-0/13*

*Award Sheet*

**DPM Notes**

**APPLICABLE ORDINANCES**

LIVING WAGE: **No**

UAP: **Yes**

IG: **No**

OTHER APPLICABLE ORDINANCES:

**CONTRACT AWARD INFORMATION:**

**No** Local Preference

**No** Micro Enterprise

**No** Full Federal Funding

**No** Performance Bond

**No** Small Business Enterprise (SBE)

**No** PTP Funds

**No** Partial Federal Funding

**No** Insurance

Miscellaneous:

REQUISITION NO.:

PROCUREMENT AGENT: **SASHA MERA**

PHONE: 305 375-1620

FAX: 305 375-4407

EMAIL: **SASHAM@MIAMIDADE.GOV**

DEPARTMENT OF PROCUREMENT MANAGEMENT  
PROCUREMENT MANAGEMENT SERVICES DIVISION

VENDOR NAME: **MFAC LLC**  
 DBA: **M F ATHLETIC**  
 FEIN: **262148521** SUFFIX : **03** 02893-7  
 STREET: **1600 Division Road** CITY: **West Warwick** ST: **RI** ZIP:  
 FOB\_TERMS: **DEST-P** DELIVERY:  
 PAYMENT TERMS: **NET30** TOLL PHONE: **-**

**VENDOR INFORMATION:**

*CERTIFIED VENDOR*

*ASSIGNED MEASURES*

Local Vendor:

SBE	Set Aside	Bid Pref.
Micro Ent.	Selection Factor	Goal
Other:	Vendor Record Verified?	

\*\*\*\*\*

**Vendor Contacts:**

Name	Phone1	Phone2	Fax	Email Address
JENNIFER LACHAPPELLE	800-556-7464	-	800-682-6950	MFATHLETIC@MFATHLETIC.COM

VENDOR NAME: **SEARS ROEBUCK & CO**  
 DBA: **SEARS COMMERCIAL**  
 FEIN: **361750680** SUFFIX : **10** 33173  
 STREET: **10970 SW 58th Ter.** CITY: **MIAMI** ST: **FL** ZIP:  
 FOB\_TERMS: **DEST-P** DELIVERY:  
 PAYMENT TERMS: **NET30** TOLL PHONE: **800-3592000**

**VENDOR INFORMATION:**

*CERTIFIED VENDOR*

*ASSIGNED MEASURES*

Local Vendor:

SBE	Set Aside	Bid Pref.
Micro Ent.	Selection Factor	Goal
Other:	Vendor Record Verified?	

\*\*\*\*\*

**Vendor Contacts:**

Name	Phone1	Phone2	Fax	Email Address
Ignacio De Jesus Socorro	305-2745519	800-3592000	305-2742271	Ignacio.Socorro@Searshc.com

VENDOR NAME: **COASTAL FITNESS DISCOUNT CARDIO &**  
 DBA:  
 FEIN: **650927426** SUFFIX : **01** 33409  
 STREET: **1900 OKEECHOBEE BLVD STE C5** CITY: **WEST PALM BEACH** ST: **FL** ZIP:  
 FOB TERMS: **DEST-P** DELIVERY:  
 PAYMENT TERMS: **NET30** TOLL PHONE: **-**

**VENDOR INFORMATION:**

*CERTIFIED VENDOR*

*ASSIGNED MEASURES*

Local Vendor:

SBE	Set Aside	Bid Pref.
Micro Ent.	Selection Factor	Goal
Other:	Vendor Record Verified?	

\*\*\*\*\*

**Vendor Contacts:**

Name	Phone1	Phone2	Fax	Email Address
MICHAEL J ASENTI	561-712-0381	-	561-712-1483	COASTALFITNESS@AOL.COM

VENDOR NAME: **CLIQUE MARKETING LLC**  
 DBA: **BUSY BODY**  
 FEIN: **650985004** SUFFIX : **02** 33069  
 STREET: **910 SW 2ND PLACE** CITY: **POMPANO BEACH** ST: **FL** ZIP:  
 FOB TERMS: **DEST-P** DELIVERY:  
 PAYMENT TERMS: **NET30** TOLL PHONE: **877-496-8646**

**VENDOR INFORMATION:**

*CERTIFIED VENDOR*

*ASSIGNED MEASURES*

Local Vendor:

SBE	Set Aside	Bid Pref.
Micro Ent.	Selection Factor	Goal
Other:	Vendor Record Verified?	

\*\*\*\*\*

**Vendor Contacts:**

Name	Phone1	Phone2	Fax	Email Address
RICHARD J LEMOINE	954-781-1787	877-496-8646	954-781-1575	RLEMOINE@GYMSTOGO.COM

VENDOR NAME: **MED FIT SYSTEMS INC**  
 DBA:  
 FEIN: **680317647** SUFFIX : **01** 92028  
 STREET: **543 EAST ALVARADO ST** CITY: **FALLBROOK** ST: **CA** ZIP:  
 FOB TERMS: **DEST-P** DELIVERY:  
 PAYMENT TERMS: **NET30** TOLL PHONE: **-**

**VENDOR INFORMATION:**

*CERTIFIED VENDOR*

*ASSIGNED MEASURES*

Local Vendor:

SBE	Set Aside	Bid Pref.
Micro Ent.	Selection Factor	Goal
Other:	Vendor Record Verified?	

\*\*\*\*\*

**Vendor Contacts:**

Name	Phone1	Phone2	Fax	Email Address
EDWARD NAVAN	678-895-0199	-	276-773-0393	ENAVAN@MEDFITSYS.COM

VENDOR NAME: **WELLWAY EXERCISE SALES & SERVICE CORP**  
 DBA:  
 FEIN: **742766052** SUFFIX : **01** 33068  
 STREET: **7540 W MCNAB RD # E-5** CITY: **N LAUDERDALE** ST: **FL** ZIP:  
 FOB TERMS: **DEST-P** DELIVERY:  
 PAYMENT TERMS: **NET30** TOLL PHONE: **954-721-8550**

**VENDOR INFORMATION:**

*CERTIFIED VENDOR*

*ASSIGNED MEASURES*

Local Vendor:

SBE	Set Aside	Bid Pref.
Micro Ent.	Selection Factor	Goal
Other:	Vendor Record Verified?	

\*\*\*\*\*

**Vendor Contacts:**

Name	Phone1	Phone2	Fax	Email Address
ARNOLD DAVIS	954-825-5774	954-721-8550	-	WELLWAYEX@MSN.COM

VENDOR NAME: **PROMAXIMA MANUFACTURING LTD**  
 DBA:  
 FEIN: **760578028** SUFFIX : **01** 77081  
 STREET: **5325 ASHBROOK DR** CITY: **HOUSTON** ST: **TX** ZIP:  
 FOB TERMS: **DEST-P** DELIVERY:  
 PAYMENT TERMS: **NET30** TOLL PHONE: **800-231-6652**

**VENDOR INFORMATION:***CERTIFIED VENDOR**ASSIGNED MEASURES*

Local Vendor:

SBE	Set Aside	Bid Pref.
Micro Ent.	Selection Factor	Goal
Other:	Vendor Record Verified?	

\*\*\*\*\*

**Vendor Contacts:**

Name	Phone1	Phone2	Fax	Email Address
JOHN YAGER	713-667-9606	800-231-6652	713-661-3976	JYAGER@PROMAXIMA.COM

VENDOR NAME: **GYM SOURCE USA LLC**  
 DBA: **GYM SOURCE**  
 FEIN: **464077906** SUFFIX : **01** 10022-5  
 STREET: **40 E. 52ND ST.** CITY: **NEW YORK** ST: **NY** ZIP:  
 FOB TERMS: **DEST-P** DELIVERY:  
 PAYMENT TERMS: **NET30** TOLL PHONE: **888-4967687**

**VENDOR INFORMATION:***CERTIFIED VENDOR**ASSIGNED MEASURES*

Local Vendor:

SBE	Set Aside	Bid Pref.
Micro Ent.	Selection Factor	Goal
Other:	Vendor Record Verified?	

\*\*\*\*\*

**Vendor Contacts:**

Name	Phone1	Phone2	Fax	Email Address
MICHELLE DOUGLAS	201-2981200	888-4967687	201-2886032	MICHELLE@GYMSOURCE.COM

**ITEMS AWARDED Section:**

Details: **7831-0/13**

**This contract is a Pre-qualification pool. Vendors will be invited to participate in spot market purchases when required by various County departments. Please see Road Map for further instructions.**

<u>Item #</u>	<u>Description</u>	<u>Qty</u>	<u>Unit Price</u>
---------------	--------------------	------------	-------------------

**End of ITEMS AWARDED Section**

**AWARD INFORMATION Section**

BCC Award:	DPM Award:	<b>No</b>
BCC Date:	DPM Date:	<b>06/07/2011</b>

Contract Amount: \$ **665,000.00**

Additional Items Allowed: **See Section 2, Paragraph 2.33**

Agenda Item No.:

Special Conditions:

**Insurance Type A 01, UAP and Inspector General are included in this bid contract.**

**BPO INFORMATION Section:**

1	<b>ABCW1100663</b>	
	<b>Commodity ID</b>	<b>Commodity Name</b>
	805-57	GYMNASIUM APPARATUS AND EQUIPMENT:
	<b>Department</b>	<b>Department Allocation</b>
	AV	\$65,000.00
	FR	\$225,000.00
	PD	\$375,000.00

**End of BPO Information Section**